

Commentary on: 'Ten myths about work addiction'

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Abstract:

This commentary addresses a recent article (Griffiths et al., 2018) about myths in work addiction. In response to the narrative review, I reflect on all the myths that the authors highlighted and the argument on how they tried to counter them. In comparison to an earlier overview by Robinson (1998), it is clear which myths about work addiction are persistent and represent the most important issues about this problem. Most of the myths were countered by the authors but some of them need more evidence to be unequivocally defeated. The commentary focuses on the most important future research directions based on the myths discussed here.

Keywords: work addiction, workaholism, behavioral addiction, myths

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The article „Ten myths about work addiction” by Griffiths, Demetrovics and Atroszko (2018) is a narrative review on work addiction (WA). Today, gambling disorder is the only behavioral addiction in DSM-5 (APA, 2013) but there is a significant effort to have more scientific evidence about other behavioral addictions, which may be also part of DSM in the future. Simultaneously, there are questions regarding which problems are scientifically justified as behavioral addictions and which are not. In a recent paper (Kardefelt-Winther et al., 2017), several disorders were listed as examples of overpathologizing common behaviors. This article has generated arguments between researchers, and Griffiths et al. (2018) wanted to take part in this conversation. Griffiths et al. (2018) reviews the current knowledge of WA in the context of 10 myths. This approach is very relevant and useful because WA is a problem which every person has an idea about – but unfortunately, these beliefs are frequently not in line with research findings. The authors’ aim is to counter those myths which frame this field.

It was exactly 20 years ago when Robinson (1998) first collected myths about work addiction. He also specified 10 myths and some of them were similar or exactly the same as in Griffiths et al.’s study (Table 1). In 1998, however, we have only very poor knowledge of WA so Robinson (1998) did not use any scientific evidence to counter those myths. But the review of Griffiths et al. (2018) is based on research findings which underline its validity. In Table 1, it considers which myths are articulated by both Robinson and Griffiths et al. We can say that these are the key questions about WA and it seems that there are still no perfect answers to all of these questions.

Myth 1. Work addiction is a new behavioral addiction.

Though the more intensive interest in WA has started after the millennium, several principles were already articulated from 70s to 90s (Oates, 1971; Spence and Robbins, 1992). Therefore, it is absolutely a correct thought by the authors to not lump WA together with those problems which have still not have enough evidence to define them as behavioral addictions, e.g. ‘dance addiction’ or ‘fortune risk addiction’ (Kardefelt-Winther et al., 2017). Interest in behavioral addictions is generally increased nowadays, so it is true for WA too. However, it does not mean that WA has just emerged currently (see review by Sussman, 2012).

Table 1. Myths about work addiction by Robinson (1998) and Griffiths et al. (2018)

Robinson (1998)	Griffiths et al. (2018)	Common myths
Workaholics are motivated out of loyalty to their companies to provide a decent living for their families or to make contributions to society.	Work addiction is a new behavioral addiction.	
Workaholism occurs because of high-pressure jobs that demand more than a nine-to-five commitment.	Work addiction is similar to other behavioral addictions.	
Workaholism is a secondary addiction to the more serious, primary addictions.	There are only psychosocial consequences of work addiction.	
Recovery from workaholism will impair work quality and productivity.	Work addiction and workaholism are the same thing.	
Recovery from workaholism simply requires cutting back on work hours.	Work addiction occurs as a consequence of individual personality factors.	
If one is not gainfully employed, he or she cannot be a workaholic.	Work addiction only occurs in adulthood.	
Workaholism is a positive addiction.	Some types of work addiction are positive.	Work addiction is a positive addiction.
Workaholics must enjoy their jobs to be workaholics.	Work addiction is a transient behavioral pattern related to situational factors.	
The solution to workaholism is to cut back on work hours.	Work addiction is a function of the time spent engaging in work.	Work addiction is equal to overwork.
Workaholism is not a legitimate addiction because it doesn't have a physiological base, as do the chemical and food addictions.	Work addiction is an example of overpathologizing everyday behavior and it will never be classed as a mental disorder in the DSM.	Work addiction is not a legitimate addiction

Myth 2. Work addiction is similar to other behavioral addictions.

The authors have argued that WA is fundamentally different from other behavioral addictions, which statement is quite surprising. Griffiths's (2005) created his ‘component model’ and this theoretical framework has been used for several behavioral addictions, e.g. internet addiction, exercise addiction and WA as well. The emphasized special characteristics of WA (engage in the behavior for 8 hours a day; benefits, rewards and respects) are definitely important and help the risk population to deny and hide their problems. This nature of WA has to be taken in consideration during interventions but if the problem is defined as other behavioral addictions, then it is not exactly clear why the authors emphasized the uniqueness of WA.

Myth 3. There are only psychosocial consequences of work addiction.

A lot of evidence was presented by the authors to counter this myth. For instance, WA is related to CVD, depression, or physical illnesses (e.g. Andreassen, 2014; Sussman, 2012). They did not mention also other physical problems which are connected to WA such as sleeping disturbances (Salanova et al., 2016), back pain (Matsudaira et al., 2013), sickness absence (Falco et al., 2013) or more frequent alcohol use (Salanova et al., 2016). These empirical results draw attention to several negative consequences of WA which highlight the relevance of this problem. However, most of the studies were cross-sectional studies which are not suitable for exploring the causality between the variables. More longitudinal research is needed to clarify if these negative aspects are real *consequences* of WA (as studies by Shimazu et al. (2015) and Woydylo et al. (2016) who found in follow-up studies that WA was related to increases in ill-health and psychological distress).

Myth 4. Work addiction and workaholism are the same things.

The authors argued that it is problematic to use ‘workaholism’ and ‘work addiction’ interchangeably and only ‘work addiction’ should be applied. The approach to differentiate between these terms are important but it is clear that the scientific literature of WA was stem from ‘workaholism’. The first authors of the field (e.g. Oates, 1971; Spence and Robbins, 1992) used ‘workaholism’, and the later models and studies were built on this term. If there is a need to differentiate between these two terms then it is crucial to creating exact definitions for both. The authors’ suggestion is “*«work addiction» is a psychological construct, whereas «workaholism» is arguably a more generic term*”. That is a quite basic division of the terms and more sophisticated differentiation would be needed.

Myth 5. Work addiction occurs as a consequence of individual personality factors.

While 20 years ago (Robinson, 1998) the question was if there is enough evidence of psychological base of WA or not. Currently, Griffiths et al. (2018) argued that exploring individual personality factors was not enough to understand WA. A huge number of studies were conducted to explore the relationship between personality and WA, and the results were very mixed. The authors emphasized that structural and situational factors of work have been understudied and much more attention is needed to assess both these factors and their interactions in the future.

Myth 6. Work addiction only occurs in adulthood.

The authors argued that the term ‘study addiction’ - which was defined by also them (Atroszko et al., 2015) – is basically the antecedent of WA, so this problem exists before adulthood and before the person has a full-time job. They could verify their hypothesis in a longitudinal study where a significant relationship was confirmed between study addiction and the later WA (Atroszko et al., 2016). Although this has supported the authors’ theory, there is still a question: if ‘*study addiction has been defined within work addiction framework and hypothesized to be a precursor or an early form of work addiction*’ as they said, why are different terms needed for study addiction and work addiction? If the problem is the same, maybe it would be clearer to use only ‘work addiction’.

Myth 8. Work addiction is a transient behavioral pattern related to situational factors.

Comparing to Myth 5, it seems like this statement is exactly the opposite of that one. The authors argued that WA is a stable pattern and several longitudinal studies supported its persistence in time (e.g. Andreassen et al., 2016). These results underline that not only the job, the workplace and other situational factors predict WA, but on the other hand, individual factors (e.g. motivations, personality, mental health) have at least the same importance behind WA.

Therefore, Myth 5 and 8 are about the same: in future research individual and situational factors and their interactions have to be assessed together.

Finally, the following are the permanent and important myths which were discussed by both Robinson (1998) and Griffiths et al. (2018):

Myth 7. Some types of work addiction are positive.

We have to accept the authors' argument that if WA is a real addiction then it cannot be treated as a positive thing. There is a similarity between exercise addiction and WA (see also Myth 3) because exercise addiction was originally named as 'positive addiction' by Glasser (1976) which was a false definition. If we have a look at the addictive disorders in DSM-5 it is absolutely clear that negative consequences of all the disorders are crucial criteria of the problems. The authors listed several examples for theories about positive forms of WAs (e.g. Killinger, 1992), but there are no evidence about negative consequences of 'happy' or 'motivated' or other positive forms of WA. If there are no negative consequences of these 'positive forms' of WA then we cannot accept them as addictions.

Myth 9. Work addiction is a function of time spent engaging in work.

There is still a question if WA is equal to overwork or not. The authors drew attention to other behavioral addictions, e.g. online gaming where time spent with the behavior is not a core component of the disorder (Király et al., 2017). In the same time, they cited also an evidence for lack of correlation between WA and time spent with work (Buelens & Poelmans, 2004) and presented two case studies which also support this hypothesis. However, to satisfactory answer this key question we need a much higher number of studies where comparison of two populations is undertaken: those people who are work addicted and those who are not but they spent too much time with work. It would be very important to clarify what are the core differences between these groups. Then this myth can be more obviously validated or countered.

Myth 10. Work addiction is an example of overpathologizing everyday behavior and it will never be classed as a mental disorder in DSM.

This is maybe the most fundamental question of the study: if WA is a legitimate addiction or not. This question leads us to another important question: how we can define the criteria of WA? Obviously, the authors highlighted their (Griffiths') components model to determine the criteria of WA. However, this model and especially its empirical testing do not have a long history in the field of WA (Griffiths, 2005; Andreassen et al., 2012) so there is no consensus about its applicability. In the same time, WA is a hidden problem, so at risk population do not frequently ask for help in psychiatry or addiction treatment centers. This fact can easily encourage the doubt in WA. Work addicted people can be found in workplaces and it is very important to help them be aware of their problems. As it was already mentioned, WA has a relationship with several negative physical and mental states. These adverse consequences encourage the legitimacy of WA but more research is needed.

To sum up, this article is very remarkable not only because it summarized the most important question of this field, but it emphasized the most relevant future research directions on WA too: 1) more longitudinal studies; 2) more studies about family members of work addicted people; 3) more studies on cognitive and neurobiological functions, and 4) more studies on interactions between personality and structural and situational factors are needed. In addition, more qualitative studies are definitely needed to have a deeper knowledge of the patterns of work addiction.

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